Thorner (Max)

MULTIPLE PAPILLOMATA OF THE LARYNX.

606,

A Case Presented to the Cincinnati Academy of Medicine, June 25 and October 29, 1894.

BY

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presented by the author -

In presenting this case to you, Mr. Chairman and gentlemen, I do not presume to demonstrate it on account of its extreme rarity, or its peculiar and unusual features; but my sole object is to show such a case to you before and after operation, to exhibit the results obtained by operative procedures, and to say a few words about the methods of treating cases of this kind.

This gentleman, Mr. F. M., forty-two years of age, living in Indiana, is completely aphonic, as you will notice; otherwise he has the appearance of a man in the best of health. He found that he was getting hoarse about fourteen months ago. The hoarseness increased to complete aphonia within the past eight weeks. There was also some dyspnea, which has increased of late, especially when the patient exerts himself in any way. A few days ago he consulted me, and I found a white, cauliflower-like sessile tumor, of oval shape and the size of a cherry, on the left vocal cord. The tumor had a rough surface, covered almost two-thirds of the cord, and extended downwards between the cords. A small tumor of the same character, the size of a pea, was seen on the right cord, near the anterior angle; and another similar one was seen in and below the anterior commissure (Fig. 1). Approximation of the cords was prevented by the foreign growths. At this time the patient was seen by several colleagues. About half of the tumor was removed at the first sitting by Krause's laryngeal tube-forceps, which I will hand around, and which is an instrument admirably adapted to such operations. You will notice that I have been using in it a pair of small, oval, sharp spoons, which fit very accurately upon each other, and which allow you to use them also on very small particles of growth. There are, however, a number of different other instruments that fit in the same handle, as serrated forceps, snares, sharp double curettes, the latter especially useful for the removal of infiltrated tissues in laryngeal tuberculosis.

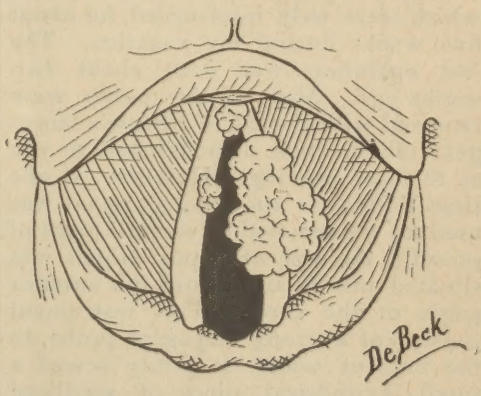

FIG. 1

APPEARANCE OF LARYNX BEFORE OPERATION.

Those of you who have examined the patient with the laryngoscope have seen that there is at present a ragged, whitish mass, the size of a cherry stone, on the left cord; another white tumor on the right cord, and a third one situated exactly in the angle of and somewhat below the cords. The ragged tumor on the left cord shows distinctly the evidence of the operation, by numerous indentations. These remaining pieces

of the tumors will also be removed; and while it is impossible to say whether his voice will be perfectly clear, I have no doubt that he will regain it to a great extent. I shall then take pleasure to present him to the Academy again.

(Demonstration of instruments and presentation of patient.)

SUPPLEMENTARY REPORT.

OCTOBER 29, 1894.

I desire to again present to the Academy Mr. F. M., a patient whom I had the pleasure of presenting at the last meeting of the Academy during the summer season, about four months ago (see above report). As I mentioned at the time, the cauliflower-like appearance of the case, the circumstances connected with it and the appearance of the larynx pointed with almost absolute certainty to the diagnosis of papilloma of the larynx. The microscopic examination of the removed growth has verified this diagnosis. I have removed the rest of the tumors in a number of sessions, which were only interrupted for about five weeks during my vacation. The last operation was done about two weeks ago. Most of the masses were removed with the aid of Krause's laryngeal tube-forceps, demonstrated to you at the last meeting. However, at one time Voltolini's sponge-instrument was used for the removal of a small piece of growth, the size of a pea, which was situated just in and below the anterior angle of the cords. This instrument consists of a strong laryngeal probe, to the bulb of which is firmly sewed a small, cylindrical piece of sterilized sponge. By energetic rubbing movements, executed, of course, under guidance of the laryngeal mirror, soft masses of growth can be readily destroyed. One large piece of tumor presented itself so nicely to the adaptation of the laryngeal snare, that I could not withstand the temptation to remove it with this instrument. I desire to state here that, while I appreciate the advantage of being able to operate with as few instruments as possible, yet I know from experience that a variety of shapes and sizes of instruments for nice operative work in the larynx, in the post-nasal space, and in the nose, is a great help to the surgeon. The exigencies of cases may be such, or the technique of the operation become so intricate, that it is utterly impossible to do the same good and accurate work with a few universal instruments.

Those of you who will examine the larynx of this patient to-day, will find the following condition: There is yet some slight laryngitis present. No trace of the tumors can any where be seen. The vocal cords have perfectly clear edges and approximate nicely. During phonation you will notice that there is a very slight relaxation of the left cord, leaving in the middle of the

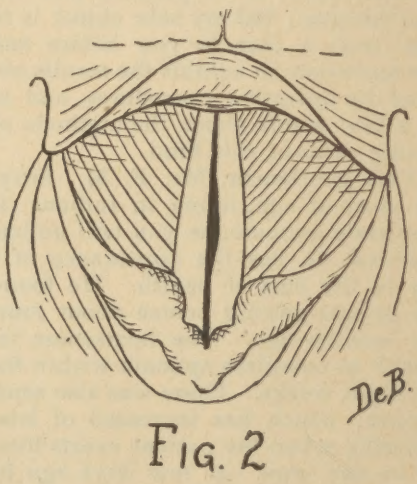

FIG. 2

APPEARANCE OF LARYNX A FEW DAYS AFTER OPERATION.

cord a very small gap (Fig. 2.[1]) There is, however, as you will notice during deep inspiration, no excavation in the mass of the cord; it is nothing but a slight paresis of the inferior thyro-arytenoid muscle, as we see it often double-sided in any ordinary laryngitis, in which case we may have a button-hole gap between the cords. In this case it is simply a sign of the traumatic laryngitis, always following operative interference in the larynx, and it is to-day decidedly better

1 In this drawing the gap between the cords is somewhat exaggerated. At the time of the presentation of the patient it was much smaller; during phonation the edge of the left vocal cord was perfectly straight.

than it was a few days ago. It will disappear within a short time. The voice of the patient is loud, clear and firm; no trace even of hoarsness. I am told it is just as good as it was a year and a half ago, before he was affected.

Regarding the general outcome of these cases, I wish to add that while it is usually not impossible to restore the voice, it is by no means safe to predict with certainty the degree of improvement which will result after the operation. This is especially applicable in the case of singers. The question whether there is a liability of recurrence in these tumors may be thus answered, that while such a possibility exists, it is, as experience shows, not the rule, and one is almost in all cases sure to be able to eradicate them entirely. However, that these benign tumors should have a tendency to be transformed into malignant growths by operative interference, as has been from time to time asserted, is a theory not only not substantiated by authenticated facts, but actually disproved by the almost unanimous opinion of the vast majority of laryngologists. We may therefore safely and conscientiously continue removing by intra-laryngeal procedure such benign growths as cause at all inconvenience by interfering either with the voice or with unimpeded respiration.

[For the drawings I am indebted to our efficient secretary, Dr. David DeBeck.]

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